

Gracefilled Care Service

Gracefilled Care Service

Inspection report

Bedford Heights
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21 April 2022
28 April 2022

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10 May 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Gracefilled Care Service is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, people living with dementia, people living with physical disabilities and people living with a learning disability or autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting a total of seven people, of which four people were being supported with the regulated activity of personal care.

People's experience of using this service and what we found

People told us they felt safe and spoke positively about the care they received. One person said, "I have no fault in what the [staff] do. I have nothing but praise for them." Another person told us, "The [staff] are brilliant. I wouldn't know what to do without them."

Care plans and risk assessments had been completed which captured people's like, dislikes and preferences. Measures had been put in place to address identified risk. People told us they had been involved in the assessment process.

A recruitment process was in place to ensure staff were suitable for their role. Staff had completed an induction and received training which prepared them for their role. Staff skill and knowledge was checked by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff found the registered manager to be approachable and felt confident that if concerns were raised, these would be addressed in a timely manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gracefilled Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 21 April 2022 and ended on 28 April 2022.

We spoke with three people using the service about their experience of care provided. We spoke with four members of staff including the registered manager, care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Knowing that somebody will visit daily makes me feel safe." Another person told us, "The [staff] provide me reassurance and check how I am. I would miss them if they didn't come."
- The provider had policies and systems in place to protect people from harm. Staff had received training in safeguarding and abuse awareness. Staff understood how to identify abuse and report concerns internally and to external organisations.

Assessing risk, safety monitoring and management

- People's needs had been assessed and individual plans had been put in place. Records provided information for staff to support people safely. Records were reviewed regularly and updated with changes when required.
- Staff told us they had access to people's plans and risk assessments and found these reflective of individual's needs.

Staffing and recruitment

- People told us they were supported by familiar staff who arrived on time to provide the care and support required.
- A recruitment process was in place to ensure that staff were safely recruited. This included checks of employment history. Risk assessments were in place for new staff who had provided character references due to a limited employment history. This process provided further assurance of the suitability of staff recruited to the service.

Using medicines safely

- The provider had a process in place to ensure the safe management of medicine. A medication policy was in place which was regularly reviewed to ensure it remained up to date.
- Staff had received training in medicine administration and had their practice observed by the registered manager to check this remained safe.

Preventing and controlling infection

- An infection control and prevention policy was in place. This contained measures for staff to follow to reduce transmission of infection and had been reviewed and updated where required.
- People told us staff wore personal protective equipment (PPE) which included facemasks, gloves and aprons when providing their care and support.

- Staff told us they were able to replenish their personal protective equipment (PPE) stock when required.

Learning lessons when things go wrong

- The registered manager had a system in place to analyse information, identify trends and to take actions to drive improvement.
- Feedback was shared with staff at team meetings and discussed to support reflective learning and making positive change.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people and their families to assess individual's needs prior to commencing the delivery of care. Information relating to people's health and medical needs, routines, likes, dislikes and preferences was obtained and used when writing the care plan. People told us they had been involved in this process and felt they had been listened to.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting employment at the service. One person said, "I have no fault in what the [staff] do and feel confident in their ability."
- Staff told us they completed an induction which prepared them for their role. This included online training, shadowing senior staff, getting to know people in their home and familiarising themselves with policies and procedures. Additional training had been provided to staff to enhance their knowledge and skill in areas of specialist care. The registered manager completed checks of staff skill and practice to ensure this remained a good standard.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information relating to their food and fluid requirements and the level of support required.
- People told us the staff offered to make meals of their choice and ensured they replenished drinks when conducting their visit. One person told us, "[Staff] are aware I like a hot drink in the afternoon and always make me this. They know I like a coffee but offer me a choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they felt confident the staff would support them in accessing external agencies if required.
- The care notes of one person demonstrated where staff had contacted a GP and made a referral for the district nurse to visit to provide specialist care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff had received training in the MCA and had a good knowledge of this. Staff recognised the importance of offering choices and involving people in decisions about their care and respected decisions made.
- People confirmed the staff sought permission before providing support. One person said, "The [staff] check I am happy and ask what I would like them to do for me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People spoke positively about the staff and care they received. Comments included, "The [staff] are very thoughtful and caring." And, "Nothing is too much of a bother for the [staff]."
- People told us the staff involved them in all decisions relating to their care and support. One person told us, "I am in control of my care. The [staff] respect and support my decisions."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with respect and dignity when supporting them with their care. One person told us, "[Staff] draw the curtains across the window when assisting me with personal care."
- People told us the staff did not rush them with their support needs but encouraged them to retain their independence and participate in their care. For example, one person told us the staff brought a bowl of water to them each morning so they could complete washing their face and upper body independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had been involved in an initial assessment of their needs. This enabled the registered manager to obtain information about the person, their needs, likes, dislikes and routines.
- People's care records contained a document titled, 'How I like my care.' This provided information to staff which was person centred and tailored to meet individual's likes and preferences.
- Staff understood the importance of person-centred care. One staff member told us, "This is about a person and their individual needs. No two people are the same."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded in their care plan.
- At the time of inspection people were able to communicate verbally. The registered manager was aware of the need to offer information in an alternate format in the future where required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was shared with people, their relatives and the staff team.
- One person told us, "I have never had to make a complaint, but know how to do this and would feel confident I would be listened to."

End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection.
- Staff told us they had received end of life care training and recognised the importance of providing compassionate care to people and their families.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a person-centred approach to care and support. The staff were knowledgeable of the values and visions of the service. One staff member said, "It is important to provide a good service which is person centred and encourages people to be independent."
- All people we spoke with were very happy with the care they received and told us they would recommend the service to others. One person told us, "The [staff] genuinely care." And, "[The registered manager] goes the extra mile."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their responsibility of reporting notifiable events to CQC and other agencies where required.
- There were systems in place to monitor and review the quality and standard of the service. The registered manager used the findings from these checks to make improvements and develop the service.
- Staff told us they had been provided time during their induction to discuss their role and the expectations of the registered manager. Staff told us they felt supported in their role and able to approach the registered manager with any concerns. In addition, the registered manager conducted spot checks of staff practice and provided feedback to staff on their observations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the service and the care they received. They had not received surveys at the time of inspection but told us they felt the registered manager was approachable and felt communication was good.
- Staff told us they attended team meetings where they were able to raise suggestions and felt listened to and valued.

Continuous learning and improving care

- The registered manager welcomed feedback and felt this was important to help guide and drive improvement.
- The registered manager attended regular care management forums. This helped the service to build

networks with local services, share experiences and learn of developments within the health and social care sector which could be beneficial to the people they supported.

Working in partnership with others

- The service engaged with the local authority, health and social care professionals and the voluntary sector to ensure people's needs were considered and supported appropriately.